

# BEVILL STATE COMMUNITY COLLEGE CHECK REQUEST FORM

Please allow up to 7 days for completion	Vendor A-Number:	
Vendor Name and Address:		
City:	State:	Zip Code:
Amount of Check:	Explanation to be typed on the check	
<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 45%;"> <input type="checkbox"/> Mail to Vendor  <input type="checkbox"/> Inter-campus Mail to Requester </div> <div style="width: 50%;"> <input type="checkbox"/> Requester will pick up at Business Office  <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Fayette</span> <span>Hamilton</span> <span>Jasper</span> </div> </div> </div> <div style="display: flex; justify-content: space-around; font-size: x-small; margin-top: 5px;"> <span>Sumiton</span> <span>Pickens County</span> </div>		
Remarks/Explanation for Check Request:		
Requested By:	Date:	Authorized By:
Printed Name		Printed Name
Club/Organization/Funding Source:		
Fund-Org-Account-Program	Debit	Credit